

F97000006220

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ARROW DISTRIBUTING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tom Murray, Office Manager
(Name of Person)
Arrow Distributing, Inc.
(Firm/Company)
11819 I Street
(Address)
Omaha, NE 68137
(City/State/Zip)

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DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

Tom Murray at (402) 758-2522
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Arrow Distributing, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nebraska
(State or country under the law of which it is incorporated)
3. 47-0644948
(FEI number, if applicable)
4. Incorporated 12/31/48
Name Change 08/18/81
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. November 24, 1997
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 11819 I Street
Omaha, NE 68137
(Current mailing address)
8. Any legal business activity
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Nancy Haben
Office Address: 485 E. Donegan Ave
Kissimmee, Florida, 34744
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nancy Haben
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: C. Clifton Nelsen

Address: 11819 I Street

Omaha, NE 68137

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Andrew C. Nelsen

Address: 11819 I Street

Omaha, NE 68137

Vice President: C. Clifton Nelsen

Address: 11819 I Street

Omaha, NE 68137

Secretary: Thomas E. Murray

Address: 11819 I Street

Omaha, NE 68137

Treasurer: C. Clifton Nelsen

Address: 11819 I Street

Omaha, NE 68137

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas E. Murray
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas E. Murray, Secretary
(Typed or printed name and capacity of person signing application)

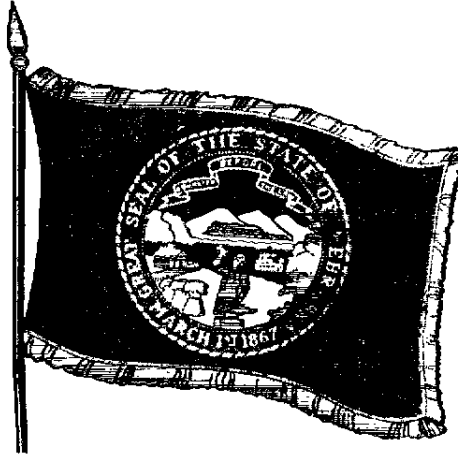
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STATE OF

NEBRASKA

United States of America,
State of Nebraska

} ss.



Department of State
Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby
certify;

ARROW DISTRIBUTING, INC.

was duly incorporated under the laws of this state on December 31, 1948,
and do further certify that no occupation taxes assessed are unpaid
and no annual reports are delinquent; articles of dissolution have
not been filed; and said corporation is in existence as of the date
of this certificate.

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In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on November 13
in the year of our Lord, one thousand
nine hundred and ninety-seven.



Scott Moore
SECRETARY OF STATE